

1.) CORPORATION NAME:

INGLES MARKETS, INCORPORATED

DUE DATE: **10/29/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

J D BOWIE

502 CUMBERLAND STREET

PO BOX 16395

BRISTOL, VA 24209

SCC ID NO: **F0523565**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	150,000,000
COMB	100,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BRISTOL CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6676

CITY/ST/ZIP: ASHEVILLE, NC 28816-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

☒

OFFICER

☒

DIRECTOR

NAME: JAMES W LANNING
TITLE: PRESIDENT
ADDRESS: 6 TROTTER CIRCLE
CITY/ST/ZIP/CO: ASHEVILLE, NC 28803-

☒

OFFICER

☒

DIRECTOR

NAME: RONALD B FREEMAN
TITLE: VP-FINANCE/CFO
ADDRESS: 499 KIMBERLY AVENUE
CITY/ST/ZIP/CO: ASHEVILLE, NC 28804-

☒

OFFICER

☒

DIRECTOR

NAME: ROBERT INGLE
TITLE: CEO
ADDRESS: 7 BROOKLAWN CHASE
CITY/ST/ZIP/CO: ASHEVILLE, NC 28803-

☐

OFFICER

☒

DIRECTOR

NAME: CHARLES E RUSSELL
TITLE: DIRECTOR
ADDRESS: 48 PATTON AVE
SUITE 400
CITY/ST/ZIP/CO: ASHEVILLE, NC 28801-3312

☒

OFFICER

☐

DIRECTOR

NAME: PATRICIA E. JACKSON
TITLE: SECRETARY
ADDRESS: 31 STONE CREEK RD.
CITY/ST/ZIP/CO: FLETCHER, NC 28732-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P. INGLE, II CHAIRMAN 185 KIMBERLY RD ASHEVILLE, NC 28804-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA INGLE SHARP DIRECTOR 45 RUMSON WAY, NE ATLANTA, GA 30305-3115	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED D. AYERS DIRECTOR 71 GROVEWOOD RD. ASHEVILLE, NC 28804-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES GAITHER, JR. DIRECTOR 394 MILL RIDGE DRIVE MILLS RIVER, NC 28759-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN O. POLLARD DIRECTOR 4310 ARBORWAY CHARLOTTE, NC 28211-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ RONALD B FREEMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		RONALD B FREEMAN, VP-FINANCE/CFO PRINTED NAME AND CORPORATE TITLE		10/6/2010 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					